



*“Building a
Foundation for
Lifelong
Learning”*

CECIL COUNTY PUBLIC SCHOOLS

DEPARTMENT OF HUMAN RESOURCES
GEORGE WASHINGTON CARVER EDUCATION LEADERSHIP CENTER
201 Booth Street • Elkton, MD 21921

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D’Ette W. Devine Ed.D.
Superintendent of Schools

Lauren C. Camphausen
President, Board of Education

VOLUNTEER BACKGROUND CHECK FORM

I, the undersigned volunteer for CECIL COUNTY PUBLIC SCHOOLS, do hereby authorize CECIL COUNTY PUBLIC SCHOOLS to obtain an investigative criminal background report on me for purposes of my volunteer work with CECIL COUNTY PUBLIC SCHOOLS. I understand that this authorization and release shall be valid for subsequent criminal background investigative reports during my period of association with CECIL COUNTY PUBLIC SCHOOLS for the purpose of investigating any incidents of misconduct or criminal activity for which I am alleged to have been involved.

The above-mentioned report may include, but is not limited to, information as to my criminal history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative criminal background report prepared by CECIL COUNTY PUBLIC SCHOOLS, of which I am the subject upon my written request to CECIL COUNTY PUBLIC SCHOOLS, if such is made within a reasonable time after the date hereof.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my association with CECIL COUNTY PUBLIC SCHOOLS may be terminated based on any false, omitted, altered or fraudulent information.

Signature of Volunteer: _____ Date: _____

IDENTIFYING INFORMATION

Printed Name of Volunteer: _____						
First		Middle		Last		
Daytime Phone Number _____			Birth date: _____			
Other Names Used (alias, maiden, nickname) _____						Years Used _____
Current Address: _____						
Street/P.O. Box		City	State	Zip Code	County	Dates
Former Address: _____						
Street/P.O. Box		City	State	Zip Code	County	Dates
I am volunteering as (check all that applies): <input type="checkbox"/> Classroom Assistant <input type="checkbox"/> Athletic Coach <input type="checkbox"/> Overnight Chaperone <input type="checkbox"/> Student Mentor						
<input type="checkbox"/> Other (Please specify): _____						
Name of school where volunteering: _____						
Contact Person at School: _____						
I also volunteer at (school) _____						
This is my _____ year of volunteering for Cecil County Public Schools.						
Approved by: _____		Date: _____		School Notified Date: _____		

Our Mission: to provide an excellent pre-kindergarten through graduation learning experience that enables ALL students to demonstrate the skills, knowledge, and attitudes required for lifelong learning and productive citizenship in an ever-changing global society.